

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/701926

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13		2					63					
14	1	1					64					
15	1	1					65					
16		1					66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	10						TOTAL IND.					
TOTAL DEP.	12						TOTAL DEP.					
TOTAL AMENDMENTS	22						TOTAL CLAIMS					

BEST AVAILABLE COPY

C-1389 (4-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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